

KEY CONTACTS

AUTHORIZED REPRESENTATIVE - This is the individual who has the authority to sign the application for Federal Assistance (SF-424) and execute the Agreement on behalf of the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PROGRAM/PROJECT MANAGER - This is the individual who is responsible for the management of the Project for the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

FINANCIAL REPRESENTATIVE - This is the individual who has been assigned responsibility for the maintenance of the accounting and financial management system for the applicant.

Circle One (Mr. Mrs. Ms.)

NAME: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PAYEE ADDRESS - If different than recipient address:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____